VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
http://www.dail.vermont.gov
Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

September 26, 2016

Ms. Jeanne Schmelzenbach, Administrator
Loretto Home
59 Meadow Street
Rutland, VT 05701-3994

Dear Ms. Schmelzenbach:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **August 23, 2016.** Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN
Licensing Chief

FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0138	A. BUILDING: _____ B. WING _____	C 08/23/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LORETTO HOME	59 MEADOW STREET RUTLAND, VT 05701

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R100	Initial Comments: An unannounced on site re-licensing survey and complaint investigations were completed by the Division of Licensing and Protection on 8/22 and 8/23/16. The findings are as follows:	R100		
R114 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.3 Discharge and Transfer Requirements 5.3.a Involuntary Discharge or Transfer of Residents (2) In the case of an involuntary discharge or transfer, the manager shall: i. Notify the resident, and if known, a family member and/or legal representative of the resident, of the discharge or transfer and the specific reasons for the move in writing and in a language and manner the resident understands at least 72 hours before a transfer within the home and thirty (30) days before discharge from the home. If the resident does not have a family member or legal representative and requests assistance, the notice shall be sent to the Long Term Care Ombudsman, Vermont Protection and Advocacy or Vermont Senior Citizens Law Project. ii. Use the form prescribed by the licensing agency for giving written notice of discharge or transfer and include a statement in large print that the resident has the right to appeal the home's decision to transfer or discharge with the appropriate information regarding how to do so. iii. Include a statement in the written notice that the resident may remain in the room or home	R114	See Attached	

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Michael Schmelzenbach	Administrator	09/19/16

R114 - R267 POCs accepted 9/22/16 M Bertrand RN | PMC

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R114	Continued From page 1 during the appeal. iv. Place a copy of the notice in the resident's clinical record. This REQUIREMENT is not met as evidenced by: Based on record review and confirmed by staff and resident interview, the facility failed to permit Resident #1 to return to the Loretto Home during the 30 day involuntary discharge notice. The findings include the following: Per record review Resident #1 was originally admitted to the Loretto Home on 9/13/13. On 5/6/14 the Loretto Home was granted a variance for Resident #1 by the Division of Licensing and Protection, to retain the resident whose care needs exceeded the level of care for which they are licensed. The Loretto Home verified that the necessary care could be provided. On 4/21/16 Resident #1 was transferred to an acute hospital for treatment of infected foot wounds. On 4/28/16 Resident #1 was transferred from the hospital to a local skilled nursing home for continued intravenous antibiotic therapy (IV) and rehabilitation services. On 5/9/16 Resident #1 was issued a 30 Day Discharge Notice by the Loretto Home, while the resident was still at the local skilled nursing home, which was signed by the Administrator and copied to Resident #1's Case Manager and family. The resident appealed this notice and Licensing and Protection ruled in Resident #1's favor. The week of June 2nd, Resident #1 was ready to return to his/her home at the Loretto Home and	R114		

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R114	Continued From page 2 was denied re-admission. The resident's care needs were unchanged from the variance request, wound care would be managed by the local wound clinic, rehabilitation services were no longer in place and IV antibiotic treatments were completed. June 2nd was day 26 of the 30 day notice therefore, Resident #1 had 4 days remaining before the discharge notice would expire. Resident #1 was not allowed to return the Loretto Home until 8/10/16. Per interview with the Administrator on 8/23/16 at approximately 11:30 AM, confirmation was made that the resident was denied his right to return to his home during the time of the 30 day notice that had not expired.	R114		
R128 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.5 General Care 5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders. This REQUIREMENT is not met as evidenced by: Based on observation, resident and staff interview and medical review, the facility failed to insure that medication services were consistent with the physician orders for 2 of 2 residents, Resident #2 and #7. Findings include: 1.) During the observation of medication administration on 8/22/16 for Resident #2 at 12:27 PM, it was observed that the resident had a large bottle of Aspirin (ASA) 325 milligram (mg)	R128	See Attached	

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R128	Continued From page 3	R128		

tablets, a large bottle of Multiple Vitamins (MVI) and a smaller bottle of Cherry Tarte, dietary supplement tablets on his/her windowsill. This surveyor asked the medication delegated staff (MDS), that had accompanied the surveyor, if the resident was able to self-medicate and what the bottles on the windowsill were. S/he responded and stated that the resident did self-medicate his/her nebulizer treatments, but not pills. The staff member then asked the resident what the pills were for and s/he stated that the Cherry Tarte was for gout, the Aspirin was because sometimes his/her teeth hurt and the MVI is because sometimes s/he thinks that s/he needs them. Per the MDS s/he was not aware of the medications being in the resident's room. Per interview with Resident #2 on 8/23/16 at 9:27 AM, s/he stated that the medications have been with him/her since admission about 4 (four) years ago and when the pills run out s/he just gets more. Per interview with the Licensed Practical Nurse (LPN) on 8/23/16 at 10:00 AM, the resident had been out to the hospital recently and s/he was unaware of the medications in the room and that the resident does have a self-medicate assessment completed, but it is only for the nebulizer treatments. S/he further stated that staff should have reported the medication if it was seen in the room. Review of the medical record on 8/23/16 did not provide evidence that Resident #2 had physician orders for self-administration for any medications, but according to the Medication Administration Record (MAR) s/he does self-administer his/her nebulizer treatments which the physician orders indicate as Performist 20 mcg (micrograms)/2 mL (milliliter) BID (twice daily) and Pulmicort 0.5 mg/2 mL BID. Resident #2 was also self-administering the over the counter ASA 325 mg and MVI and had no order for either. S/He does have orders for ASA 81 mg

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R128	Continued From page 4	R128		

daily and a MVI daily that the staff have been administering and confirmation was made by the LPN at 11:40 AM on 8/23/16 that there are no orders for the medications found in his/her room and that there is no order for self-administration of any medications.

2.) Medical review of medications ordered for Resident #2, indicate that s/he is to have Pulmicort via nebulizer twice a day (BID) and Spiriva one inhalation BID. Inspection of the medications that the resident keeps in his/her room for self-administration presents that s/he does not have Pulmicort but is using Impratropium Bromide 0.5 mg/Albuterol Sulfate 3 mg (Duoneb) instead and the label indicates to use four times a day. The order was to discontinue the Duoneb on 7/19/16. On 8/23/16 at 9:35 AM Resident #2 said that s/he threw the Spiriva away a couple of weeks ago after arguing with the "breathing" doctor and that his/her own doctor told him/her to stop using it. The resident said that s/he doesn't always use it but that most of the time s/he does. S/he further responded, when asked, that the staff never ask him/her if it s/he did the treatment. The LPN confirmed at 10:00 AM on 8/23/16 that the MAR indicates self-administration of the medications and the medications that the resident is actually administering are not ordered by the physician.

3.) Review of medical record for Resident #7 on 8/23/16, there are orders for Synthroid 150 micrograms (mcg.) at 5:00 AM, Artificial tears to instill as directed in both eyes e a day (BID) and Protonix 40 milligrams (mg) daily. Per review of the MAR the resident self-medicates for these 3 (three) medications. Resident #7 presented these medications that are kept in his/her bathroom in a locked box and stated that s/he

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R128	Continued From page 5 takes the Protonix and the Synthroid every morning when s/he first gets up and then uses the Artificial tears. At 1:53 PM it was confirmed by LPN that there is no order for the resident to self-administer any medications and the staff doesn't check daily to insure that the resident has taken the medications.	R128		
R170 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.f Residents who are capable of self-administration have the right to purchase and self administer over-the-counter medications. However, the home must make every reasonable effort to be aware of such medications in order to monitor for and educate the residents about possible adverse reactions or interactions with other medications without violating the resident's rights to direct the resident's own care. If a resident's over-the-counter medications use poses a significant threat to the resident's health, staff must notify the physician This REQUIREMENT is not met as evidenced by: Based on observation, staff and resident interview, the facility failed to ensure awareness that Resident #2 was self-administering over the counter medications. Findings include: Resident #2 was observed on 8/22/16 at 12:27 PM to have a large bottle of Aspirin 325 milligram tablets, a large bottle of Multiple Vitamins (MVI) and a smaller bottle of Cherry Tarte, dietary supplement tablets on his/her windowsill. This surveyor asked the medication delegated staff	R170	See Attached	

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R170	Continued From page 6 (MDS), that had accompanied the surveyor, if the resident was able to self-medicate and what the bottles on the windowsill were. S/he responded and stated that the resident did self-medicate his/her nebulizer treatments, but not pills. The staff member then asked the resident what the pills were for and s/he stated that the Cherry Tarte was for gout, the Aspirin was because sometimes his/her teeth hurt and the MVI is because sometimes s/he thinks that s/he needs them. Per the MDS s/he was not aware of the medications being in the resident's room. Per interview with Resident #2 on 8/23/16 at 9:27 AM, s/he stated that the medications have been with him/her since admission about 4 (four) years ago and when the pills runs out s/he just gets more. Per interview with the Licensed Practical Nurse (LPN) on 8/23/16 at 10:00 AM, the resident had been out to the hospital recently and s/he was unaware of the medications in the room and that the resident does have a self-medicate assessment completed, but it is only for the nebulizer treatments. S/he further stated that staff should have reported the medication if it was seen in the room.	R170		
R171 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.g Homes must establish procedures for documentation sufficient to indicate to the physician, registered nurse, certified manager or representatives of the licensing agency that the medication regimen as ordered is appropriate and effective. At a minimum, this shall include: (1) Documentation that medications were	R171	See Attached	

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R171	Continued From page 7	R171		

administered as ordered;
(2) All instances of refusal of medications, including the reason why and the actions taken by the home;
(3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect;
(4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration; and
(5) For residents receiving psychoactive medications, a record of monitoring for side effects.
(6) All incidents of medication errors.

This REQUIREMENT is not met as evidenced by:
Based on observation, record review and confirmed by staff interview, the facility failed to ensure that 3 of 8 residents sampled and who receive psychoactive medications, are monitored for side effects. For Residents #1, #2, #8 the findings include the following:

1. Per medical record review, Resident #1 was originally admitted with diagnoses to include Schizophrenia, Anxiety Disorder, Mood Disorder and Major Depression. Physician order dated 8/11/16 identifies Abilify 5 milligrams (mg.) by mouth at hour of sleep. Abilify is a medication that can cause tardive dyskinesia (muscle movements) that can not be controlled.

Per review of the medical record there is no evidence that the resident has been monitored for side effects of psychoactive medications that have been provided to Resident #1. Per interview with the Licensed Practical Nurse (LPN) (#1), at 9:35 AM confirmation is made that the facility does not have a screening tool to monitor for side

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R171	Continued From page 8 effects of psychoactive medication. Per review of the facility policy/procedure titled "Medication Documentation", identifies that any resident receiving psychoactive medications whether ROUTINE or PRN (as needed) will be monitored by staff on a daily basis for undesired side effects. Per interview with LPN (#2), at 2:30 PM, confirmation is made that the facility does have a screening tool, but has no policy directing/instructing staff when the tool is to be conducted. S/he also confirms that s/he was unaware of the policy identifying that documentation is to be completed daily. 2. During medical review for Resident #2, s/he was found to be receiving Risperdal 0.5 mg (milligrams), an antipsychotic, twice a day. Per interview with the Licensed Practical Nurse at 2:30 PM on 8/23/16, there is no evidence that monitoring for side effects is being done. S/he stated that they do not do any specific monitoring and if the resident is being seen by outside services, the assessment is completed by them or it is sometimes done at the physician's office. S/he stated that Resident #2 does not receive outside services. 3. Per medical record review, Resident #8 was admitted with diagnoses to include Anxiety Disorder, Seizure Disorder and Hypertension. Physician orders dated 8/1/16 identifies Risperdal 0.5 milligrams (mg.) by mouth twice daily for generalized anxiety. Risperdal is a medication that can cause tardive dyskinesia (muscle movements) that can not be controlled. Per review of the medical record there is no evidence that the resident has been monitored for side effects of psychoactive medications that have been provided to Resident #8.	R171		

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R171	Continued From page 9 Per interview with the Licensed Practical Nurse (LPN) (#1), at 9:35 AM confirmation is made that the facility does not have a screening tool to monitor for side effects of psychoactive medication. Per review of the facility policy/procedure titled "Medication Documentation", identifies that any resident receiving psychoactive medications whether ROUTINE or PRN (as needed) will be monitored by staff on a daily basis for undesired side effects. Per interview with LPN (#2) at 2:30 PM, confirmation is made that the facility does have a screening tool, but has no policy directing/instructing staff when the tool is to be conducted. S/he also confirms that s/he was unaware of the policy identifying that documentation is to be completed daily.	R171		
R188 SS=B	V. RESIDENT CARE AND HOME SERVICES 5.12.b.(2) A record for each resident which includes: resident's name; emergency notification numbers; name, address and telephone number of any legal representative or, if there is none, the next of kin; physician's name, address and telephone number; instructions in case of resident's death; the resident's assessment(s); progress notes regarding any accident or incident and subsequent follow-up; list of allergies; a signed admission agreement; a recent photograph of the resident, unless the resident objects; a copy of the resident's advance directives, if any completed; and a copy of the document giving legal authority to another, if any.	R188	See Attached	

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R188	Continued From page 10 This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility had incomplete information in the medical records surrounding instructions in case of resident's death for 3 of 8 residents, Resident #2, 3 and 6. Findings include: During record review for Residents #2, 3 and 6, there was no evidence of instructions in case of the death of the residents. Per interview with the Licensed Practical Nurse on 8/23/16 at 11:40 AM s/he confirmed that there was no evidence of what to do and who to contact in the event of the death of these residents.	R188		
R266 SS=E	IX. PHYSICAL PLANT 9.1 Environment 9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment. This REQUIREMENT is not met as evidenced by: Based on observation and confirmed by staff interview the facility failed to ensure that the home provides a safe environment. Per facility tour at approximately 10 AM in the presence of the Assistant Administrator, a storage area on the ground level was found with two unlocked doors. The storage room has two entrances: one door is accessed from a corridor adjacent to resident rooms and the second entrance is located by the sitting/lounge area (an	R266	See Attached	

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R266	Continued From page 11 area where residents congregate) and the nurses treatment room. The unlocked storage rooms are accessible by both residents and the public. The rooms contained the following: 240 gallon oil tank, 330+ gallon domestic hot water tank, 18 bags (50 pounds each) of ice melt/salt, 6 circulator water pumps, 2 wheel chairs, a bike and various other maintenance equipment such as, but not limited to pieces of wood leaning against the wall, a hose, various tools and a vacuum cleaner. Per telephone conversation on 8/22/16 at 2:30 PM with a Regional Manager who is a Certified Fire Investigator, confirms that since the storage rooms are located adjacent to resident care areas they should be locked at all times. Per interview with the Administrator and the Director of Maintenance on 8/22/16 and 8/23/16 the doors have never been locked.	R266		
R267 SS=E	IX. PHYSICAL PLANT 9.1 Environment 9.1.b All homes shall comply with all current applicable state and local rules, regulations, codes and ordinances. Where there is a difference between codes, the code with the higher standard shall apply. This REQUIREMENT is not met as evidenced by: Based on record review, observation and confirmed by staff interview the facility failed to have the boiler (furnace) inspected by a licensed	R267	See Attached	

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R267	Continued From page 12 certified inspector, as indicated by the Vermont Fire and Building Safety Code 2012 (Section 6-Boiler and Pressure Vessel Inspection) within the the two (2) year required timeframe. The findings include the following: Per facility tour on 8/22/16 at approximately 2 PM in the presence of the Administrator and the Maintenance Director, confirmation was made that the furnace was last inspected on 7/16/14 and has not been scheduled to be reviewed. Certificate identifies the inspection has expired as of 7/16/16.	R267		

Plan of Correction Loretto Home 9/19/2016

1. R114 Discharge and Transfer Requirements 5.3.a

The Loretto Home needs to provide additional details to this characterization of the statements described in the summary statement.

The Loretto Home denied readmission to the resident because the Home was appealing the case to the State and did not want to compromise the resident while the case was being reviewed. The Resident's condition had changed since original variance granted in May 2014. At that time, he was an ERC Tier 1. In April 2016, he was assessed at ERC Tier 3 (87 points). Following a June 8 letter from the Deputy Commissioner, the Loretto Home went to assess the resident at Rutland Health and Rehab Center on 6/9/16. All parties agreed to have resident return to Loretto Home on 6/13/16. However, on 6/13/16, Loretto Home received notice from Rutland Health and Rehab Center that the resident would need further treatment due to additional wound issues. On 6/14, Loretto Home received a follow up call informing that the resident would need a new round of antibiotic therapy as his foot had become re-infected and would be staying several more weeks. The Loretto Home appealed to the State on July 15 given resident's ongoing health issues. State agreed to allow the Loretto Home to wait until Tuesday, July 19 to readmit while they considered Loretto's letter. On July 18, the Loretto Home requested an Emergency Discharge. On July 25, Loretto Home had a hearing with the Commissioner to review the case. Loretto Home received a letter 8/4/16 denying Loretto Home's appeal. Resident returned to Loretto Home on 8/10.

A. What action you will take to correct the deficiency.

Loretto Home will allow a resident to return to home during the time of a 30-day notice that has not expired.

B. What measure will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?

Loretto Home will allow a resident to return to the home during the time of a 30-day notice that has not expired, even during an appeals process.

C. How the corrective actions will be monitored so the deficient practice does not recur?

Home Administrator is responsible for monitoring.

D. The dates corrective action will be completed.

Resident has been at the Loretto Home since 8/10/2016.

II. R128 General Care 5.5.c

A. What action you will take to correct the deficiency?

1. An audit of self-medication management will be conducted for the Loretto Home, ensuring that specific medications which may be self-administered are delineated. In addition, a room audit will be conducted specifically looking for medications, (prescribed or over-the-counter).

2. A physician's written, signed order will be transcribed in the resident's record for all medications (prescription or over-the-counter).

a) Medications which are "self-administered" will be designated as such in the MAR.

b) Residents will be educated on how to document that they self-administered their medication on a tracking sheet.

c) Loretto Home staff will check resident documentation ~~weekly~~. DAILY (Per TC with manager 9/22/16)

3. If any facility staff witness medications unlocked in a resident's room, the staff will be instructed to bring this concern to the attention of the House Nurse or Director of Nursing immediately.

a) The House Nurse or DON will collect the unauthorized medications.

b) If medications are found in resident rooms which do not have an order, the PCP will be contacted so orders can be clarified if discrepancies exist.

c) Medications will be added to resident's secure medication box, located in the resident's room (Per TC with manager 9/22/16)

4. Residents will be reminded that no medications can be kept in their room without physician orders and without clearance from the Director of Nursing.

B. What measure will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?

1. The task of scanning each resident's living environment for unsecured medications will be added to the 1st shift responsibilities checklist.

2. Residents will be reminded that no medication can be kept in their room unless they have a physician's order

a) Immediately in Resident Newsletter

b) Annually when they sign their Resident Agreement.

C. How the corrective actions will be monitored so the deficient practice does not recur?

1. A monthly "Medication Room Sweep Audit" will be conducted on an ongoing basis for each resident.

2. Self-Medication Assessments will be reviewed and certified on a quarterly basis.

D. The dates corrective action will be completed.

1. These changes will be in place by October 31, 2016.

III. R170 Medication Management 5.10 f: Self-Administration

A. What action you will take to correct the deficiency?

1. An audit of self-medication management will be conducted for the Loretto Home, ensuring that specific medications which may be self-administered are delineated. In addition, a room audit will be conducted specifically looking for medications, (prescribed or over-the-counter).

2. A physician's written, signed order will be transcribed in the resident's record for all medications (prescription or over-the-counter).

a) Medications which are "self-administered" will be designated as such in the MAR.

b) Residents will be educated on how to document that they self-administered their medication on a tracking sheet.

c) Loretto Home staff will check resident documentation ~~weekly~~. DAILY (Per TC with Manager on 9/22/16)

3. If any facility staff witness medications unlocked in a resident's room, the staff will be instructed to bring this concern to the attention of the House Nurse or Director of Nursing immediately.

a) The House Nurse or DON will collect the unauthorized medications.

b) If medications are found in resident rooms which do not have an order, the PCP will be contacted so orders can be clarified if discrepancies exist.

c) Medications will be added to resident's secure medication box, located in the resident's room. (Per TC with Manager on 9/22/16)

4. Residents will be reminded that no medications can be kept in their room without physician orders and without clearance from the Director of Nursing.

B. What measure will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?

1. The task of scanning each resident's living environment for unsecured medications will be added to the 1st shift responsibilities checklist.

2. Residents will be reminded that no medication can be kept in their room unless they have a physician's order

a) Immediately in Resident Newsletter

b) Annually when they sign their Resident Agreement.

C. How the corrective actions will be monitored so the deficient practice does not recur?

1. A monthly "Medication Room Sweep Audit" will be conducted on an ongoing basis for each resident.

2. Self-Medication Assessments will be reviewed and certified on a quarterly basis.

D. The dates corrective action will be completed.

1. These changes will be in place by October 31, 2016.

IV. R171 Medication Management 5.10.g: Psychoactive Medication

A. What action you will take to correct the deficiency?

1. Each resident receiving psychoactive medications will have an AIMS test completed. A copy of such will be included in the resident's record.

2. The Medication Documentation Policy will be edited to comply with current industry practices.

B. What measure will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?

1. The three Directors of Nursing from Vermont Catholic Charities will meet and review the VCC Residential Care Homes Policy 13, subject: Medication Documentation. Policy adjustments will be made to comply with current industry standards.

C. How the corrective actions will be monitored so the deficient practice does not recur?

1. Each resident receiving psychoactive medications will have an AIMS test administered quarterly for side-effects either by their healthcare provider or Loretto Home staff. The Director of Nursing will review completed Aims tests. (Per TC with Manager on 9/22/16)

2. Reeducation of nursing staff regarding AIMS testing and VCC policy.

D. The dates corrective action will be completed.

1. AIMS tests will be completed on residents with psychoactive medications by September 30, 2016.

2. Policy adjustments to comply with current psychoactive medication recommendations in the healthcare industry by November 30, 2016.

3. Reeducation of Nursing Staff to the updated Medication Documentation Policy by December 31, 2016.

V. R188 Resident Care and Home Services 5.12.b.(2) Instructions in case of resident's death

A. What action you will take to correct the deficiency?

1. Staff will review face sheet with each resident and indicate which agent they would like to have contacted in case of Death.

B. What measure will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?

1. The Annual Resident Agreement will be revised to include the following:

a) Instructions in case of death:

(1) Who do you want to be notified at time of death?

(a) Primary Agent: Name and phone number

(b) Secondary Agent Name and phone number

C. How the corrective actions will be monitored so the deficient practice does not recur?

1. Home is making process change in the Resident Agreement and Face sheets so that an annual review of Instructions in Case of Death are indicated.

D. The dates corrective action will be completed.

1. Face sheet updates will be completed by October 31, 2016.

2. Resident Agreements will be completed on an annual basis.

VI. R266. Physical Plant: Environment 9.1.a

The Loretto Home disagrees with this characterization. Correction is in conflict with the instructions suggested by our regional Fire Safety Inspector. Regional Fire Safety Inspector notified of imposed changes.

Loretto Home is visited by the Rutland Regional Office of the State Fire Marshal, State Fire Academy and State Haz-Mat Team annually. To date, the Fire Marshall has never cited the Loretto Home regarding unlocked building service areas. On the contrary, the Rutland Fire Marshall prefers that "Building Service Areas" be left unlocked for easy access during potential emergency situations. This information was relayed to the surveyor. It seems out of order that a phone assessment, made by a person who has never evaluated our homes on-site should override the local Fire Marshal without first consulting him. It would seem more appropriate that a recommendation for a review be conducted on-site by the Division of Fire Safety rather than being cited by the State Regulatory body. Loretto is in compliance with building expectations and is evaluated on an annual basis by the Division of Fire Safety and the Rutland Fire Marshall. There is no documented violation from the Fire Marshall at this time. Loretto Home depends on this expert body to keep Loretto Home "safe" per Regulation 9.1.a.

Nevertheless, our plan of correction is as follows:

A. What action you will take to correct the deficiency?

1. Loretto Home will install locks on the identified doors.

B. What measure will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?

1. Door locks shall be secured at all times.

C. How the corrective actions will be monitored so the deficient practice does not recur?

1. "Check Loretto Home south side storage doors" – has been added to the Maintenance Facility Checklist. The Doors will be checked monthly during the facility walk through to ensure that they are in good working order.

D. The dates corrective action will be completed.

1. By 10/31/16

VII. R267 Physical Plant: Environment 9.1.b

A. What action you will take to correct the deficiency?

1. Loretto Home took immediate action upon identifying that the Boiler inspection expired 7/16/16.

B. What measure will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?

1. The Administrator met with maintenance team 9/2/16 to review and update Maintenance Facility Checklist to include all State Inspections.

C. How the corrective actions will be monitored so the deficient practice does not recur?

1. The Inspection of the Loretto Boilers by Travelers Insurance Company every two years was added to the Maintenance Facility Checklist.

D. The dates corrective action will be completed.

1. The Contractor come 9/1/16, completed the inspection, and cited no violations – see attached documentation.

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Loretto Home

Fax

To:	Pamela Cota	**From:**	Jeanne Schmelzenbach
Fax:	802-241-0343	**Pages:**	21 incl. cover
Phone:	802-241-0480	**Date:**	September 19, 2016
Re:	Plan of Correction	**cc:**	

☐ Urgent ☐ For Review ☐ Please Comment X Please Reply ☐ Please Recycle

Comments: Please find the Plan of Correction for Loretto Home attached.

My phone number is 802-775-5133 x 10 if you have any questions.

Thank you, Jeanne Schmelzenbach